

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>11-15-94</u>		2 Serial/Patent # <u>05/068513</u>									
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
Filing			\$								
Amendment			\$								
Extension of Time			\$								
Notice of Appeal/Appeal			\$								
Petition			\$								
Issue			\$								
Cert of Correction/Terminal Disc.			\$								
Maintenance			\$								
Assignment			\$								
<input checked="" type="checkbox"/> Other	9	10-21-94	\$ 80.00								
		7 TOTAL AMOUNT OF REFUND		\$ 80.00							
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:									
Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>1</td><td>8</td><td>--</td><td>2</td><td>0</td><td>2</td><td>0</td></tr></table>			1	8	--	2	0	2	0
1	8	--	2	0	2	0					
No Fee Due (Explanation):											
Please change the fee code to 122 !											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Byars, Margaret</u>		TITLE: <u>CLERK</u>									
SIGNATURE: <u>Margaret Byars</u>		PHONE: <u>308-125-2</u>									
OFFICE: <u>3500</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>11/15/94</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 11-15-94

2 Serial/Patent # 08/062513

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

Filing

Amendment

Extension of Time

Notice of Appeal/Appeal

Petition

Issue

Cert of Correction/Terminal Disc.

Maintenance

Assignment

☒ Other

9

10-21-94

\$ 80.00

7 TOTAL AMOUNT  
OF REFUND

\$ 80.00

8 TO BE REFUNDED BY:

Treasury Check

☒ Credit Deposit A/C #:

9 18--2020

10 REASON:

☒ Overpayment

Duplicate Payment

No Fee Due (Explanation):

*Please change the fee code to 122*

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Byars, Margaret

TITLE: CI+RK

SIGNATURE: Margaret Byars

PHONE: 308-1252

OFFICE: 3500

\*\*\*\*\*  
THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: Kida Connolly

DATE: 11/15/94

*Instructions for completion of this form appear on the back. After completion, attach, white and yellow copies to the official file and mail or hand-carry to:*